

DEPARTMENT OF SOCIAL SERVICES
744 P Street, Sacramento, CA 95814



December 8, 1995

ALL-COUNTY LETTER NO. 95-76

TO: ALL-COUNTY WELFARE DIRECTORS

Reason For This Transmittal

- ☒ [X] State Law Change
- ☒ [X] Federal Law or Regulation Change
- ☐ [] Court Order or Settlement Agreement
- ☐ [] Clarification Requested by one or More Counties
- ☐ [] Initiated by CDSS

SUBJECT: JANUARY 1996 SOCIAL SECURITY TITLE II (RETIREMENT, SURVIVOR'S AND DISABILITY INSURANCE [RSDI]) AND TITLE XVI (SUPPLEMENTAL SECURITY INCOME/STATE SUPPLEMENTARY PAYMENT [SSI/SSP] PROGRAM) COST-OF-LIVING ADJUSTMENTS (COLA) AND RELATED ISSUES THAT AFFECT IN-HOME SUPPORTIVE SERVICES (IHSS) RECIPIENTS

REFERENCE: IN-HOME SUPPORTIVE SERVICES CASE MANAGEMENT, INFORMATION AND PAYROLLING SYSTEM (IHSS/CMIPS) USER'S MANUAL; ACL 94-107

This All-County Letter (ACL) provides you with the following:

- Instructions regarding automating the RSDI increases for affected income eligible IHSS recipients.
- Instructions regarding automating all Share of Cost (SOC) IHSS recipient cases with Link 1, 2, 3, 4 or 5 in Field I2 of the form SOC 293.
- Instructions regarding forms and listings.
- 1996 SSI/SSP benefit levels.
- Changes of amounts to be used when manually completing the forms SOC 294A and SOC 294C, "IHSS Income Eligibility - Adult or Child."

A. RSDI Increases

1. All SOC cases that have been automated by the CMIPS and have a Code 1 (RSDI) in Source Field I4, J1, J2, K1 or K2 will have that amount increased in the corresponding Income Field by 2.6 percent.

To facilitate automation of RSDI we are making two assumptions:

- That the current entry in the Source Field(s) represents a gross amount that has been rounded down to the nearest dollar by the Social Security Administration (SSA);
- That the current entry in the Source Field(s) is the gross amount which includes the Medicare Part B premium for those persons who must pay their own premium.

The computation will produce the RSDI benefit amount to be used in automating the January 1996 SOC. (Example: the benefit amount is \$438.00, multiplying by 1.026 equals \$449.38; rounding down to the nearest dollar equals \$449.00.)

2. It should be noted, as in previous years, the Social Security Administration applies the COLA to the actual, rather than the rounded benefit amount. This may result in a \$1.00 discrepancy in the RSDI benefit for some beneficiaries and a \$1.00 understated SOC.

In order to avoid the unnecessary expense of re-computing every case subsequently identified as having an incorrect SOC solely due to the RSDI COLA automation, counties are authorized instead to correct the SOC at the time of the next eligibility redetermination or when an income change is reported. This delay in correcting a SOC does not result in a collectable overpayment.

B. SSI/SSP Benefit Levels

1. Pursuant to Welfare and Institutions Code Sections 12201(d)(1) and 12201.03(a) there will be no 1996 SSP COLA, but there will be a pass-through of the federal 2.6 percent SSI COLA. As a result, most combined SSI/SSP benefit levels will increase effective January 1, 1996.
2. The SSI COLAs also impact allowances for non-eligible children and spouses/parents that are considered in SOC deeming procedures. Those changes are reflected on the forms SOC 294A and SOC 294C SOC worksheets (Attachments D and E).
3. Even with the increase in SSI/SSP benefit levels, some status eligible IHSS recipients will lose their SSI/SSP eligibility effective January 1, 1996, because the RSDI COLA may cause their incomes to exceed the new SSI/SSP benefit levels. We have requested the California Department of Health Services' (CDHS) assistance in identifying these recipients known as "Pickle persons" who are also potentially eligible for categorically needy Medi-Cal benefits, under the 1976 Pickle Amendment to the Social Security Act.

4. The CDHS will place these recipients in Pickle Aid Codes - 16, 26, or 66 - on MEDS until at least April 30, 1996, or until their true status can be determined. We will make county listings, with the Personal Care Services Program (PCSP) identifiers, available to you as soon as they are completed. County Medi-Cal staff will be sent copies of the listing and will be responsible for making the Pickle determinations on these cases.
5. Recipients in this group who are PCSP-eligible should remain in IHSS Aid Codes 10, 20 or 60 as status-eligible cases until their Pickle Aid Codes can be input to CMIPS. This aid code conversion will be done automatically in CMIPS. Counties should not have to take any action for this group other than working possible exceptions to the conversion.
6. Individuals who lose their SSI eligibility January 1, 1996, and are NOT PCSP-eligible, will have a new SOC effective January 1, 1996, based on their appropriate SSI/SSP benefit level table: use the "A" table if their current eligibility began December 1, 1995, or later; the "Z" table if their current eligibility began between September 1, 1994, and November 30, 1995; and the "Y" table for all others (see section C. 1. on this page). Counties must contact these recipients and develop their income-eligibility. The Pickle indicator will be entered by CMIPS in the D3 Field of the SOC 293 for these cases.

C. Share of Cost Cases

1. Currently, the SOC is calculated based on four different sets of SSI/SSP benefit level tables. Table "A" reflects the new rates effective January 1, 1996. Selected benefit rates on the "N" and "Y" and "Z" tables will be replaced by January 1996 rates since most new rates are higher than the ones in place December 31, 1995 (Attachment B).
 - The rates in table "N" are used for individuals who have been income eligible for IHSS prior to September 1, 1993.
 - The rates in table "Y" apply to the following recipients:
 - 1) Recipients who became income eligible for IHSS between September 1, 1993, and August 31, 1994; and
 - 2) Recipients who were status eligible for IHSS/PCSP on August 31, 1994, but became income eligible for IHSS September 1, 1994, or later due to reasons unrelated to the 2.3 percent SSP reduction in September 1994.
 - The rates in table "Z" apply to recipients who became eligible for IHSS between September 1, 1994, and November 30, 1995.
 - The January 1, 1996, rates in table "A" apply to recipients who became eligible for IHSS December 1, 1995, or later.

2. All automated IHSS income eligible cases with Link 1, 2, 3, 4 or 5 in Field I2 shall have their SOC re-computed January 1, 1996, because of RSDI increases and/or SSI/SSP benefit level changes. However, any case with an end date in Field ZZ4 of December 31, 1995, or earlier, cannot be automated. As we have experienced each time there is an automated procedure in CMIPS, some cases are excluded and are printed on an exception list. Typically the exception is due to an overdue reassessment.

Regardless of the cause, the following alert message for each excepted case will be printed on the monthly "Warning Message Alert List" and will continue on the list until corrected. The alert message is:

"060 Share of Cost Date is not January 1st"

3. A Notice of Action (NOA) will be generated to advise IHSS recipients of the adjustments made to their RSDI and SOC computations. Based on these COLA adjustments, SOC's will be changed for all affected IHSS recipients. The message (number 353) will read:

"The change in your IHSS Share of Cost shown above is effective _____ because of COST-OF-LIVING adjustments to SSI/SSP benefit levels and to the social security payments available to you which are \$____, \$____, and \$____"

"If the Social Security amount you receive is different than reported here, contact your service worker. MPP Section 30-755.233."

4. The automation of SOC cases is scheduled to run December 15, 1995, so that we can meet the timelines for the NOAs. Any changes or new cases added to the CMIPS after that date should use the following procedure so correct segments on form SOC 293 lines MNO can be built:

- Turnaround Document (TAD) #1:

Enter appropriate data for 1995 SOC fields and wait for the next turnaround document to enter 1996 data;

A NOA will be generated containing the usual SOC message(s).

- TAD #2:

Enter 01/01/96 in SOC Field I1;

Enter corrected RSDI income in Source/Income Field - I4, J1, J2, K1 or K2 (1.026 x 1995 amount rounded down to the nearest dollar);

The CMIPS will re-compute the correct SOC;

A NOA will be generated containing the usual SOC message(s).

5. The SOC cases that are not updated may result in the IHSS recipient paying a SOC which exceeds or is less than his/her liability. County Welfare Departments will be responsible for making reimbursement to, or collecting overpayments from those persons effected.

D. Aid Codes 14, 24 and 64

The PCSP and IHSS residual recipients in these aid codes lost their SSI/SSP eligibility either September 1, 1993, September 1, 1994, or December 1, 1995 due to SSP reductions in each of those years, but they have been held harmless from paying either a Medi-Cal or an IHSS SOC. These individuals will continue to receive IHSS/PCSP without a SOC for as long as their special Medi-Cal status continues, and their IHSS/PCSP eligibility is not interrupted.

E. Forms and Listings

1. SOC 293 and 311 TAD's will be generated on all automated IHSS income eligible cases. These will have an identifying message on the top which will read "Share of Cost COLA 1996." There will also be NOAs generated which will have the message as displayed in section C. 3. on page 4.
 - Only those cases that have an identical SOC reflected on both the SOC 293 Share of Cost Field M6 and the SOC 311 Share of Cost Field F5 will have a SOC 311 updated and a TAD generated. All other cases will be shown on the County Exception List and the county must manually change the provider document SOC 311.
 - We are not able to automate the anticipated Veteran's Administration Benefits, Code 2, in the Source/Income Field - I4, J1, J2, K1 or K2. However, for ease in identifying those cases, a separate listing will be provided at the bottom of the County Exception List.
 - We are not able to automate the RSDI increase for a spouse - which may affect the recipient's SOC - because the CMIPS is not coded to differentiate that income source. However, all cases impacted by the SOC automation will have a dollar sign (\$) by the name on the Monthly Characteristics Listing and Office Caseload Listing which may be used as a reminder to validate any change in a spouse's income.
2. Turnaround documents will also be generated on the cases where the aid code is automatically converted to a Pickle aid code (see section B. 3. on page 2).

3. All TADs and NOAs will be printed at the printer sites by on-line counties; non-printer site counties will have documents printed by the Electronic Data Systems and mailed to the recipient and county, as appropriate.

- Please plan for printing needs by ordering forms SOC 293, SOC 311 and NA 690.
- Please do not delay printing and mailing the NOAs following the December 15 COLA automation run; the printing of the SOC 293 and SOC 311 TADs may be delayed for one or two days to suit the convenience of the county.

F. Benefit Levels

1. Attachment A to this ACL is the January 1996 SSI/SSP Payment Standards.
2. Attachment B is the January 1996 SSI/SSP Benefit Level Tables for determining IHSS shares of cost.
3. Attachment C is a copy of the updated pages for the IHSS/CMIPS USER'S Manual pages V-A-16 through V-A-19. This information has also been incorporated into the CMIPS SOC automation feature.

G. SOC 294A and SOC 294C

1. Consistent with the SSI/SSP benefit payment level adjustments, the following changes should be made to the allowances shown on Forms SOC 294A (IHSS Income Eligibility-Adult) and SOC 294C (IHSS Income Eligibility-Child). This information has been incorporated into the CMIPS SOC automation feature.

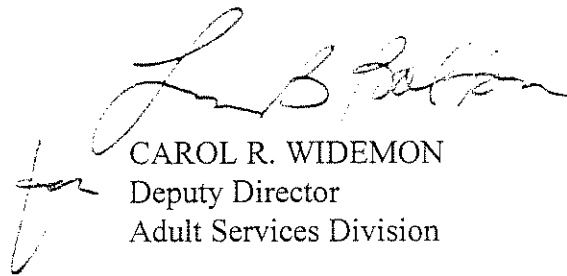
SOC 294A (Attachment D):

- change allowances in Column B, row 2a to \$235.00;
- change allowances in Column B, row 6 to \$235.00.

SOC 294C (Attachment E):

- change allowances in Column A, row 2a to \$235.00;
- change allowances in Column A, row 14 to (1) \$470.00 and (2) \$705.00.

For questions regarding CMIPS procedures, please call Mary James at (916) 229-4015. However, policy questions should be directed to your policy analyst.



CAROL R. WIDEMON
Deputy Director
Adult Services Division

Attachments

c: CWDA

ATTACHMENT A

ESTIMATES BUREAU
November 1995
October 19, 1995

STATE OF CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES
ADMINISTRATION DIVISION

ESTIMATED SSI/SSP PAYMENT STANDARDS EFFECTIVE JANUARY 1, 1996

CNI - Chapter 97/91 (SB 724) suspended the SSP COLA.
CPI - Includes the pass-through of the 1/96 SSI COLA.

CNI: 1.40% (a)
CPI: 2.60% (a)

	INDEPENDENT LIVING			REDUCED NEEDS			NON-MEDICAL OUT-OF-HOME CARE 1/ (NMOHC)					
	RESIDING IN OWN HOUSEHOLD			HOUSEHOLD OF ANOTHER WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITH IN-KIND ROOM & BOARD			HOUSEHOLD OF RELATIVE WITHOUT IN-KIND ROOM & BOARD		
	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP	TOTAL	SSI	SSP
INDIVIDUAL: AGED OR DISABLED without cooking facilities (RMA) 2/ IND DISABLED MINOR living with parent(s) living with non-parent relative or non-relative guardian	626.40	470.00	156.40	473.17	313.34	159.83	622.34	313.34	309.00	772.00	470.00	302.00
	694.40	470.00	224.40	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	601.40	470.00	211.40	520.17	313.34	214.83	622.34	313.34	309.00	772.00	470.00	302.00
	533.40	470.00	63.40	380.17	313.34	66.83	622.34	313.34	309.00	772.00	470.00	302.00
COUPLE: AGED OR DISABLED per couple without cooking facilities (RMA) 2/ BLIND per couple BLIND/AGED OR DISABLED per couple	1,101.20	705.00	396.20	877.43	470.00	407.43	1,208.33	470.00	810.33	1,544.00	705.00	839.00
	1,237.20	705.00	532.20	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	1,240.20	705.00	543.20	1,051.91	470.00	581.91	1,208.33	470.00	810.33	1,544.00	705.00	839.00
	1,192.20	705.00	487.20	986.82	470.00	516.82	1,288.33	470.00	810.33	1,544.00	705.00	839.00

TITLE XIX MEDICAL FACILITY

	Individual	Couple
Total	\$42	\$64
SSI	30	60
SSP	12	24

1/ NON-MEDICAL OUT-OF-HOME CARE
Personal and Incidental Needs Maximum:
Care & Supervision Min:
Board & Room

Minimum: \$90
Max: \$352
\$283
\$330

2/ RMA - Restaurant Meals Allowance

IHSS Share Of Cost January 1996 SSI/SSP Benefit Level Table

<i>Benefit Code</i>	<i>Description</i>	<i>SOC 293 Field I1 Codes - Benefit Levels</i>			
		<i>N</i>	<i>Y</i>	<i>Z</i>	<i>A</i>
01	Ind. Aged or Disabled -Own Home	626.40	626.40	626.40	626.40
02	Ind. Blind -Own Home	689.00	681.40	681.40	681.40
03	Ind. Disabled Minor -Own Home	533.40	533.40	533.40	533.40
04	Ind. Aged or Disabled -Household of Another	490.00	476.77	473.80	473.17
05	Ind. Blind -Household of Another	559.00	543.91	539.40	528.17
06	Ind. Disabled Minor -Household of Another	380.17	380.17	380.17	380.17
07	Ind. Aged or Disabled W/O Cooking Facilities	694.40	694.40	694.40	694.40
08	Couple Aged or Disabled - Own Home	1140.00	1109.22	1101.71	1101.20
09	Couple Blind - Own Home	1333.00	1297.01	1285.18	1248.20
10	Couple Blind/Aged or Disabled -Own Home	1261.00	1226.95	1216.73	1192.20
11	Couple Aged or Disabled -Household of Another	944.67	919.82	910.02	877.43
12	Couple Blind - Household of Another	1137.67	1106.95	1093.49	1051.91
13	Couple Blind/Aged or Disabled - Household of Another	1065.67	1036.90	1025.05	986.82
14	Couple Aged or Disabled - Independent Liv. W/O Cooking Facilities	1276.00	1245.22	1237.71	1237.20
15	Couple Aged or Disabled Own Home, Per Person	570.00	554.61	550.86	550.60
16	Couple Blind -Own Home, Per Person	666.50	648.51	642.59	624.10
17	Couple Blind/Aged or Disabled - Own Home, Per Person	630.50	613.48	608.37	596.10
18	Couple Aged or Disabled - W/O Cooking Facil., Per Person	638.00	622.61	618.86	618.60
19	Couple Aged or Disabled - Household of Another, Per Person	472.34	459.91	455.01	438.72
20	Couple Blind Household of Another, Per Person	568.34	553.48	546.75	525.96
21	Couple Blind/Aged or Dis. - Household of Another, Per Person	532.84	518.45	512.53	493.41

N = Recipients who have been continuously income-eligible for IHSS since prior to 9/1/93.

Y = 1. Recipients who became eligible for IHSS between 9/1/93 and 8/31/94; and
2. Recipients who were status eligible for IHSS/PCSP on 8/31/94 and become income-eligible for IHSS 9/1/94 or later due to reasons unrelated to the 2.3% reduction in September 1994.

Z = Recipients who became eligible for IHSS between 9/1/94 and 11/30/95.

A = Recipients who became eligible for IHSS 12/1/95 or later.

Refer to Section V-B, Special Instructions, Share of cost computations - SOC 293.

Field I3: DEP - Optional, Numeric

Length: 2

Description: Dependents - The number of minor legal dependents with no income of their own to be considered in the automatic computation of countable income for an adult recipient with a non-linked spouse, or a child recipient whose parent(s) income must be considered. This field is required for automated share of cost computation.

Field I4, J1,

J2, K1, K2: SOURCE/INCOME/DEDUCT - Optional, Numerical

Length: 1, 7, 7 - Format: X, XXXX.XX, XXXX.XX

Description: Source/Income/Deduct - Source and amount of deductions from income of the recipient, parent, spouse. This field is required for automated share of cost computation.

Source - These codes indicate the source of the recipient's, spouse's, parent(s) gross income.

- 1 - Retirement, Survivors, Disability Insurance (RSDI) - recipient
- 2 - Veteran's administration - Recipient
- 4 - Railroad retirement - Recipient
- 5 - Other pension - Recipient
- 6 - Other unearned - Recipient
- 7 - Earned - Recipient
- 8 - Unearned - Spouse/parent
- 9 - Earned - Spouse/parent

Income - Amount of gross income available to the recipient, spouse, parent.

Deduct - Dollar amount of total income deductions other than the standard income exclusions. e.g., SOC amount that is applied to pay for the contribution for Meals on Wheels.

Standard income exclusions that are included in the automatic share of cost computation are:

\$20.00	Standard exclusion
\$65.00	Earned income exclusion
One half remainder of income	- Earned income exclusion
\$235.00	Needs of children/non-linked spouse
\$470.00 or \$705.00	Allowance for parent(s)

Any amount that a recipient pays for services that are an alternative to IHSS may be entered in the deduct field. This deduction should not exceed the IHSS cost for the same service(s).

Refer to Section V-B, Special Instructions, Share of Cost Computation - SOC 293.

Field I5: COUNTABLE INCOME - Optional, Numeric

Length: 6

Description: Countable Income - The sum of all net income available to recipient.

- For those recipients whose share of cost is automated, this field will be calculated and the countable income figure will be system-generated.
- The amount that has been manually computed (for those recipients whose countable income is not automated) must be entered in this field to enable the correct share of cost information on an automated Notice of Action.
- For a linked couple, both of whom are income eligible IHSS recipients, either divide that countable income by 2 or allocate the countable income in unequal portions, whichever advantages the couple. Enter that sum in I5.

Refer to Section V-B, Special Instructions: Share of cost computation - SOC 293.

Field J3: BENEFIT CODE/LEVEL - Optional, Numeric

Length: 2, 8 - Format: XX, XXXXX.XX

Description: Benefit Code/Level - This field indicates the SSI/SSP benefit code and level used to determine the recipient's share of cost.

- This field includes both recipients who have countable income which is automatically computed or countable income which is manually computed.

For those recipients whose share of cost is automated, this field must have a two digit benefit code entered.

<u>Benefit Code</u>	<u>Benefit Level</u>
01 - Individual aged or disabled, own home	\$ 626.40
02 - Individual blind, own home	681.40
03 - Individual disabled minor, own home	533.40
04 - Individual aged or disabled, household of another	473.17
05 - Individual blind, household of another	528.17
06 - Individual disabled minor, household of another	380.17
07 - Individual aged or disabled, independent, living without cooking facilities	694.40
08 - Couple aged or disabled, own home	1,101.20
09 - Couple both blind, own home	1,248.20
10 - Couple blind/aged or disabled, own home	1,192.20
11 - Couple aged or disabled, household of another	877.43
12 - Couple both blind, household of another	1,051.91
13 - Couple blind/aged or disabled, household of another	986.82
14 - Couple aged or disabled, independent, living without cooking facilities	1,237.20

- Linked Couple - Both members of a couple are blind, disabled, or over age 65.
- If one member of the linked couple is income eligible and the other receives SSI/SSP, is PCSP eligible, or has no need for any services, then use the appropriate code above (08 - 14) and the couple's income for the remaining member's share of cost computation
- For a linked couple, both of whom are income eligible and need IHSS, enter the appropriate code below (15 - 21) for the partially automated share of cost computation, based on the countable income entered in Field I5.

<u>Benefit Code</u>	<u>Benefit Level</u>
15 - Couple aged or disabled - own home, per person	\$ 550.60
16 - Couple both blind - own home, per person	624.10
17 - Couple blind/aged or disabled - own home, per person	596.10

18 - Couple aged or disabled - without cooking facilities, per person	618.60
19 - Couple aged or disabled - household of another, per person	438.72
20 - Couple blind - household of another, per person	525.96
21 - Couple blind, aged or disabled - household of another, per person	493.41

Refer to Section V-B, Special Instructions, Share of Cost Computations - SOC 293.

Field K3: SHARE OF COST - System Generated, Numeric
 Length: 6
 Description: Share of Cost - Monthly amount of money to be paid by the recipient before IHSS will be paid by the county.

- For those recipients whose Shares of Cost are automated, this field will have an entry.
- Based on the entries in Fields I5, COUNTABLE INCOME, and J3, BENEFIT CODE/LEVEL, this field will be system-generated and will plug the share of cost into the eligibility segments, Fields M6, N6, and O6, where applicable.

Field L1,
 L2: MODE/RATE/HOURS - Required, Alphanumeric
 Length: 2, 4, 4 - Format: XX, XX.XX, XXX.X
 Description: Mode/Rate/Hours - Indicates service delivery mode, provider's pay rate, and authorized hours of service for the recipient.

Delivery Mode - Code indicates the type of service delivery of IHSS.

IP - Individual Provider
 CC - County contract, either private vendor or inter-agency agreement
 HM - County-employed homemaker

- Hourly Rate of Pay - The rate of pay per authorized service hour for the type of delivery mode.
- If this amount is not entered for individual providers, the system will default to the lowest county base rate.

IHSS INCOME ELIGIBILITY — ADULT

Name _____ Case No. _____ Month _____

RECIPIENT**SPOUSE**

A. Income of aged, blind or disabled individual or couple (if individual has spouse not aged, blind or disabled, also complete Part B)

	UNEARNED	EARNED
1. Unearned income (list) (Do not show exempt income)		
a.	\$	
b.	\$	
c.	\$	
2. Total unearned income (A1a to A1c)	\$	
3. Any income exclusion	\$20	
4. Net unearned income (A2 minus A3)	\$	
5. Earned income (Do not show exempt income)		\$
6. Unused \$20 exclusion (If A3 is greater than A2, enter the difference)		\$
7. Earned income exclusion		\$65
8. Total exclusions (A6 plus A7)		\$
9. Remaining earned income (A5 minus A8)		\$
10. Net earned income (A9 x ½)		\$
11. Other earned income deductions		\$
12. Total net earned income (A10 minus A11)		\$
13. Total countable income (A4 plus A12)	\$	
14. SSI/SSP payment level	\$	
15. IHSS share of cost (A13 minus A14)	\$	

B. Income of aged, blind or disabled individual and spouse who is not aged, blind or disabled.

	UNEARNED	EARNED
1. Income of client's spouse*	\$	\$
2. Allowance for children not blind or disabled.		
a. Children's needs	235	235
b. Children's income*	\$	\$
c. Net needs (a — b)	\$	\$
d. Total allowance (add B2c's)	\$	
3. Remaining unearned income (B1 minus B2d)	\$	
4. Unmet children's needs (If B2d is greater than B1 unearned, enter the difference)		\$
5. Remaining earned income (B1 minus B4)		\$
6. Net income of spouse (B3 plus B5) — If equal to or less than A15 is entered in C — If greater than complete B7 through B20	\$	
7. IHSS client's income (From A2 and A5)	\$	\$
8. Income of couple (B3 plus B7 unearned, B5 plus B7 earned)	\$	\$
9. Any income exclusion	\$20	
10. Net unearned income (B8 minus B9)	\$	
11. Unused \$20 exclusion (If B9 is greater than B8 unearned, enter the difference)		\$
12. Earned income exclusion		\$65
13. Total exclusions (B11 plus B12)		\$
14. Remaining earned income (B8 minus B13)		\$
15. Net earned income (B14 x ½)		\$
16. Other earned income deductions		\$
17. Total net earned income (B15 minus B16)		\$
18. Total countable income (B10 plus B17)	\$	
19. SSI/SSP couple payment level	\$	
20. IHSS share of cost (B18 minus B19)	\$	
C. SHARE OF COST (higher of A15 or B20)**	\$	

** If there is also a blind or disabled child in the family, the share of cost shown in Line C is not paid. Enter this amount on Form SOC 294C, Line A9. The share of cost will be the amount determined in SOC 294C, Line B16.

ATTACHMENT E

IHSS INCOME ELIGIBILITY - CHILD

NAME					CASE NUMBER		MONTH	
PARENT					RECIPIENT			
A. Income deemed to a blind or disabled child living at home who is under 18.					B. IHSS share of cost computation for blind or disabled child who is under 18.			
<input type="checkbox"/> Income of parent and parent's spouse where neither is aged, blind or disabled.					Unearned	Earned		
1. Gross income					\$	\$	1. Income deemed to child (from A15 or A16)**	\$
2. Allowance for children not blind or disabled							2. Unearned income (list) (Do not show exempt income)	
a. Children's needs	235	235	235			a.	\$	
b. Children's income	\$	\$	\$			b.	\$	
c. Net needs (a minus b)	\$	\$	\$			c.	\$	
d. Total allowance (add A2c's)					\$		3. Total unearned income (B1 plus B2)	\$
3. Remaining unearned income (A1 minus A2d)					\$		4. Any income exclusion	\$ 20
4. Unmet children's needs (If A2d is greater than A1 unearned, enter the difference)						\$	5. Net unearned income (B3 minus B4)	\$
5. Remaining earned income (A1 minus A4)						\$	6. Earned income (Do not show exempt income)	\$
6. Any income exclusion					\$ 20		7. Unused \$20 exclusion (If B4 is greater than B3, enter the difference)	\$
7. Net unearned income (A3 minus A6)					\$		8. Earned income exclusion	\$ 65
8. Unused \$20 exclusion (If A6 is greater than A3, enter the difference)						\$	9. Total exclusions (B7 plus B8)	\$
9. Earned income exclusion						\$ 65	10. Remaining earned income (B6 minus B9)	\$
10. Total exclusions (A8 plus A9)						\$	11. Net earned income (B10 x 1/2)	\$
11. Earned income (A5 minus A10)						\$	12. Other earned income deductions	\$
12. Net earned income (A11 x 1/2)						\$	13. Total net earned income (B11 minus B12)	\$
13. Total income (A7 plus A12)					\$		14. Total countable income (B5 plus B13)	\$
14. Allowance for parent and spouse (1) \$470 (2) \$705					\$		15. SSI/SSP payment level	\$
15. Income deemed to child (A13 minus A14)					\$		16. IHSS share of cost (B14 minus B15)	\$
<input type="checkbox"/> Income parent(s) where one or both are aged, blind or disabled.							** Note: If more than 1 eligible child, divide deemable income equally among them, except that if one child has excess income, it is deemed to other eligible children.	
16. Parent(s) income in excess of SSI/SSP payment level (from SOC 294A C)					\$			
WORKER							DATE	